

## COMMONWEALTH OF MASSACHUSETTS Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE

One South Station • Boston, MA 02110-2208 (617) 521-7794 • FAX (617) 521-7771 TTY/TDD (617) 521-7490 http://www.mass.gov/doi

MITT ROMNEY GOVERNOR

KERRY HEALEY LIEUTENANT GOVERNOR JANICE S. TATARKA DIRECTOR, CONSUMER AFFAIRS AND BUSINESS REGULATION

JULIANNE M. BOWLER COMMISSIONER OF INSURANCE

## **Domestic Insurance Company Home Office Address Change Instructions**

A Massachusetts domestic insurance company that changes its **statutory home office address must** have this change **approved** by the Commissioner of Insurance **prior** to filing the change with the Secretary of the Commonwealth of Massachusetts, in accordance with Massachusetts General Laws, Chapter 175, Section 34.

1. The Company must file two (2) original, completed Statement of Change of Supplemental Information Contained in Article VIII of Articles of Organization Forms with the Commissioner of Insurance. The Secretary or the Assistant Secretary of the Company must sign these forms.

The Statement of Change of Supplemental Information Contained in Article VIII of Articles of Organization Form is available from the Secretary of the Commonwealth of Massachusetts and may be downloaded from the Secretary of the Commonwealth of Massachusetts Corporations Division website at <a href="http://www.sec.state.ma.us/cor/corpdf/c156ds202s845950c11317.pdf">http://www.sec.state.ma.us/cor/corpdf/c156ds202s845950c11317.pdf</a>.

- 2. Once the Commissioner of Insurance has approved the Statement of Change of Supplemental Information Contained in Article VIII of Articles of Organization Forms they will be returned to the Company for filing with the Secretary of the Commonwealth of Massachusetts.
- **3.** After the Statement of Change of Supplemental Information Contained in Article VIII of Articles of Organization Forms have been filed with and approved by the Secretary of the Commonwealth of Massachusetts, one copy of the approved form must be returned to the Division of Insurance.
- **4.** There is no fee for this filing.

Please forward these items to:

Commonwealth of Massachusetts
Division of Insurance
Company Licensing Section
One South Station
Boston, MA 02110-2208